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MINISTRY OF HEALTH

1998-1999 Business plan







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## MESSAGE FROM THE MINISTER



For over 100 years, the Ministry of Health has been at the heart of the province's health system. We have been responsible for the development and delivery of health services, and for the regulation of health care. We have been a part of the health system's evolution, from the early days of the province's health system to the present day. We have been a part of the health system's growth, from a small province to a large province. We have been a part of the health system's success, from a struggling province to a thriving province. We have been a part of the health system's future, from a uncertain future to a bright future. We have been a part of the health system's legacy, from a humble legacy to a proud legacy. We have been a part of the health system's story, from a simple story to a complex story. We have been a part of the health system's journey, from a long journey to a short journey. We have been a part of the health system's path, from a narrow path to a wide path. We have been a part of the health system's way, from a slow way to a fast way. We have been a part of the health system's life, from a short life to a long life. We have been a part of the health system's love, from a simple love to a complex love. We have been a part of the health system's hope, from a small hope to a large hope. We have been a part of the health system's dream, from a simple dream to a complex dream. We have been a part of the health system's vision, from a simple vision to a complex vision. We have been a part of the health system's mission, from a simple mission to a complex mission. We have been a part of the health system's vision, from a simple vision to a complex vision. We have been a part of the health system's mission, from a simple mission to a complex mission.

# MINISTRY OF HEALTH

## 1998-1999 Business Plan



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## MESSAGE FROM THE MINISTER



**Hon. Elizabeth Witmer**

Our goal is to provide the highest quality and most accessible health services for everyone in Ontario, at every stage of their life. To accomplish this objective, we have embarked on a reform of our health system to meet the needs of our growing, changing and ageing population. This reform is long overdue since our health services were failing to respond to advances in technology, medical treatment, new drug therapy, shorter hospital stays, day surgery and the needs of a growing, ageing population.

Thus we are moving forward to put in place an efficient and effective integrated system of health services that provides a continuum of care. In order to sustain the system as costs escalate and to improve the health and well-being of all Ontarians, we are shifting our focus from the treatment of illness to health promotion and injury and illness prevention.

This Business Plan demonstrates the Ministry's shift in emphasis from being a service provider to becoming a system manager. The shift reflects our commitment to move to a greater community responsibility for health and health services, and our goal to establish a comprehensive continuum of high-quality health services.

Guided by this plan, we can ensure that no matter where one lives in this province, high-quality, accessible services will be available. It is the blueprint for a cost-effective, integrated, comprehensive and sustainable system that will enable us to meet the needs of Ontarians, not only today but into the 21<sup>st</sup> century.

A handwritten signature in dark ink, appearing to read 'Elizabeth Witmer', with a large, stylized loop at the end.

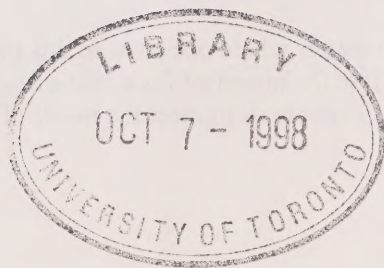
**The Honourable Elizabeth Witmer**  
Minister of Health



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## MINISTRY VISION

A health system that provides comprehensive and accessible services which improve health outcomes, and ensures that people have access to these high-quality services at every stage of their lives.

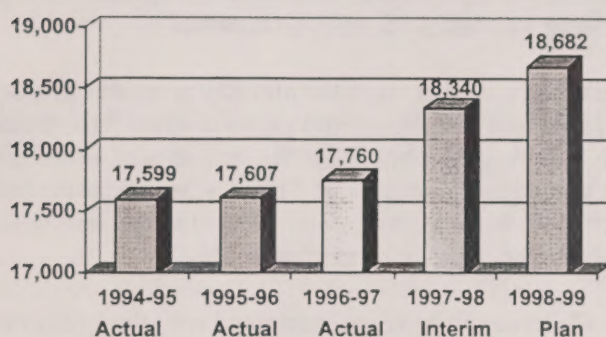


# ANNUAL REPORT ON KEY ACHIEVEMENTS

## 1997-98 Achievements

The ministry is improving the services people have access to now, and is expanding those that they will need in the future. Not only is this year's projected health care operating spending of \$18.7 billion an increase of more than \$1 billion from 1995-96, it is more than any Ontario government has ever spent on health care. The chart below illustrates the growth in government investment in the health system.

**MINISTRY OF HEALTH OPERATING EXPENDITURES** (in millions)



Source: 1998 Ontario Budget  
Does not include capital funding or Health Care  
Restructuring funding of \$2.55 billion.

Ontario can take pride that it has one of the best health systems in the world. It provides us with quality services provided by trained professionals, working in well-equipped facilities using the most up-to-date technologies. In 1997-98, we continued to enhance the quality of our health system by making services even more accessible to more people.

One of the priorities of the ministry is to ensure that Ontarians have access to the services they need, when they need them and close to their home. For example, to increase access to services, we recruited 69 physicians to underserved areas (exceeding our commitment of recruiting 40) and helped 501 new physicians establish practice in Ontario. To provide Ontarians with a wider range of health providers to choose from, we introduced legislation which establishes nurse practitioners in Ontario. This recognizes the important role they can play in our health system.

Ontario's long-term care system is designed to give people a continuum of health services and supports as they live longer lives. In 1997-98, we established 43 Community Care Access Centres to provide Ontarians with co-ordinated access to a range of long-term care services. We



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also continued our reinvestment in community-based long-term care programs. When completed, an additional 80,000 people will be receiving services and 4,400 new jobs will be created to meet the needs of Ontarians.

In addition, in order to enhance the level of services to meet the increased care requirements in nursing homes and homes for the aged, we increased the overall facilities budget by \$100 million. This allowed the long-term care facilities to hire an additional 2,250 staff to provide even better care.

Based on a commitment to prevention and early intervention, we invested in lifestyle education and health promotion programs. These support Ontarians in making healthy lifestyle choices. For example, thanks to the provincial Heart Health Program announced in 1997-98, over 1.5 million people will be reached through media campaigns to prevent cardiovascular disease. Another program launched in 1997-98, Active Schools, promotes physical activity among youth and will reach two million students. And last March, the Nutrition Month Campaign, a public education initiative to promote healthy eating, reached 3.85 million Ontarians.

Preventing tobacco use and substance abuse are other ways the ministry promotes healthy lifestyles. It is estimated that in 1997-98, over half a million people were reached through the FOCUS Community Program, a program to prevent alcohol and other drug abuse. As well, 2,000 teachers and health professionals will be trained to implement ACTION, a three-year innovative program which the ministry introduced in 1997-98. The program is directed at preventing students in Grades 7, 8, and 9 from using tobacco, alcohol or marijuana.

Through the Healthy Babies, Healthy Children initiative, implemented with the Ministry of Community and Social Services and the Children's Secretariat, all children born in Ontario hospitals (150,000 /year) are screened and at-risk newborns are identified and assessed. Trained home visitors visit all high-risk families in need of additional supports in this critical period of a child's life helping 9,000 families each year. The visitors also provide information and referrals to other local services. In 1997-98, screening was initiated in all hospitals and home visiting has begun.

With a grant from the ministry, the Invest in Kids Foundation established the Education, Research and Awareness project as the focus of its activities in Ontario. With corporate sponsors, the Foundation has embarked on a national, multi-year education campaign (Get Set for Life) about the importance of a child's early years. In collaboration with the Office of Integrated Services for Children, the Foundation developed the training manual for home visitors and provided training to public health nurses for the Healthy Babies, Healthy Children Program.

Through the Preschool Speech and Language Services Program, children with speech and language disorders are being identified and treated as early as possible to get the help they need before they start school. At least 17,000 preschool children received services in 1997-98. Ottawa-Carleton, one of the first areas to implement this initiative, was able to provide services to all children who had been waiting for treatment and is continuing to develop strategies to provide services to all children as they are identified.



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More than 4,000 families with young children in eight economically disadvantaged communities have received on-going support to enhance the capacity of their children to grow and develop into healthy young people through the government's continued commitment to the very successful Better Beginnings, Better Future Program. The research component of the project continues to collect and analyze data for a study of the long-term outcomes of the program. Information is being collected on wide variety of child, family and community characteristics. The final report is due in September 1999 and will cover five years of data collected at the eight sites.

For 1997-98, we had committed to increase access to priority programs such as cardiac care, cancer treatment, kidney transplants and dialysis services. We delivered on those commitments through a number of investments. For example, more than 14,000 additional cardiac care patients will have access to needed services. An additional 13,700 cancer patients will be cared for. We also increased access to dialysis services for an additional 400 people. We invested in services to care for the critically injured and in hip and knee replacements to serve some 2,000 people. As well, more than 22,000 people gained greater access to MRI services in locations closer to their home.

In the field of mental health, we helped a total of 3,600 patients through reinvestments in hospital-based programs and eating disorder programs. The reinvestments stabilized the mental health services offered by general hospitals through better integration and working relationships with community partners. Through a combination of inpatient, day hospital and outpatient services, an additional 800 people with eating disorders will be helped thanks to these reinvestments. This increased capacity means that Ontario programs will now be able to serve up to 2,000 young people with eating disorders.

The Trillium Drug Program provides drug benefits to people who have high prescription drug costs in relation to their income. In 1997-98, the ministry increased the number of families enrolled in the program by 30 per cent. It now serves more than 25,000 families. We reduced the processing time for new applications to within two weeks of receipt (down from eight weeks). As well, we further streamlined the process for the approval of new drugs to make them available through the drug plan.

We increased services at assessment centres across the province for people with poor vision or who experience difficulty speaking and/or writing because of communication disabilities. Four regional vision assessment centres located in Ottawa, Hamilton, Sudbury and Toronto became fully operational. Thanks to this service expansion, an additional 500 people were able to obtain high-tech equipment to assist them with their vision disabilities. Similarly, services were expanded at three Toronto assessment centres for people with communication disabilities. These provided 242 more clients with assessment, training and support for communications aids such as text or voice output devices, talking alphabet devices or specialized computer equipment to assist them in their daily living.

Over the past year, the ministry started working with communities in implementing the final directives issued by the Health Services Restructuring Commission for Metro Toronto, Ottawa, London, Windsor, Lambton, Thunder Bay, Sudbury, Pembroke, Essex, Kent and Brockville.

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The government has committed a total of \$2.5 billion over five years to meet the capital and operating requirements associated with hospital restructuring. The ministry of Health established the Health Reform Implementation Team (HRIT) to coordinate the ministry's resources in support of hospital restructuring. The HRIT works with ministry program areas to assist hospitals in the planning and implementation of the Health Services Restructuring Commission (HSRC) directions.

The focus of work in 1997-98 has been on ensuring that hospitals develop appropriate and affordable plans that meet the directions of the HSRC while maintaining first-rate services.

The ministry also introduced a faster capital planning process to expedite approval of restructuring projects. To date, support for a total of 16 HSRC-directed capital projects has been announced or approved.



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# CORE BUSINESSES

The Ontario Ministry of Health has core businesses or components that work together to manage the province's health system. The core businesses have changed from last year to reflect the progress of the health reforms. The reforms are being conducted by the government to enhance the excellence of Ontario's health system and to set the standard for health care in Ontario for the 21<sup>st</sup> century.

The core businesses include: Community Services, Professional Services, Institutional Services, and Policy and Planning.

These new core businesses will allow for the efficient development, implementation and management of the legislation, policies, standards and programs that ensure health services for all Ontarians.

They set directions and allocate resources to ensure the delivery of high-quality health services and evaluate the performance of Ontario's health system. They link together to ensure that people can obtain the health services they need, when and where they need them. The new core businesses reflects the ministry's continuing shift in emphasis from being a service provider to becoming a system manager.

## Community Services

Given our commitment to improve services at the community level, an important new core business within the ministry is Community Services. As the government reforms the health system to meet the changing needs of a growing and ageing population, it is building on the system's existing strengths. Within this core business, the ministry will provide services to preserve and protect the health of Ontarians.

Each individual has a responsibility for his or her own health. Individuals make lifestyle choices which have an impact on their health status. The ministry recognizes its responsibility of providing Ontarians with the information they need to make healthy choices. We are living up to that responsibility by providing public education programs. But also crucial are health promotion efforts to reduce disease and disability so we can all live longer, in good health and independently in our own communities.

The Community Services core business encompasses a wide range of services, such as Health Promotion, Early Intervention and Prevention, Long-Term Care Community Services, Community Health Centres, Community Mental Health, Drug Benefits programs, HIV/AIDS programs, addictions programs, Community Laboratory Services (including both private and public health laboratories), and Emergency Health Services.

It also ensures community support for people recovering at home from surgery and for others who need similar temporary help or those who need health information.

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The Community Services core business will help establish links between health services and community services provided by other ministries or levels of government.

## Professional Services

The Professional Services core business ensures the availability of health-services professionals throughout Ontario. These professionals range from surgeons and other specialists, to family doctors, nurse practitioners, midwives, therapists and the many other skilled and dedicated people upon whom our health system depends.

We aim to enhance patient services by having health professionals, agencies, and facilities work more closely together. In partnership -- including government, health-services providers, stakeholders, and other health partners -- we can provide the management needed to better balance Ontario's health system between community-based health services and hospital services.

## Institutional Services

The Institutional Services core business manages a dynamic system of institutionally-based services to meet the needs of a growing and ageing population. Included in this core business are acute care institutions, psychiatric facilities and long-term care centres.

The system of institutional care is being restructured and enhanced to ensure that Ontario has the most appropriately balanced response to patient needs. The hospital system is being streamlined and modernized to recognize advances in clinical practice. We are establishing 20,000 new long-term care beds over the next eight years to meet the needs of an ageing population. The system of psychiatric care is being reformed to ensure that care is appropriately integrated into the public hospital and community care system.

Our goal is to make sure that we have a variety of institutional services forming a modern, effective and sustainable system that responds to the changing needs of Ontarians.

## Policy and Planning

The Policy and Planning core business creates comprehensive policies to meet the health-services requirements of Ontarians. It also monitors and evaluates the performance of the health system.

Together with 21 colleges -- such as the College of Chiropractors of Ontario or the College of Opticians of Ontario -- which are the professional regulatory bodies serving the public interest, we aim to ensure professional standards and patient safety.

Policy and Planning is also responsible for the co-ordination of policy with other jurisdictions, the federal government and other provinces.



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# KEY STRATEGIES AND COMMITMENTS

For the past few years, the ministry has focused its energies on developing the strategies for health reform. We have been making major changes in the system to better enable us to sustain the health system and ensure it is ready for the challenges and demands of the future.

We have now entered the implementation phase of the reform, and our strategies are aimed at managing the major reform initiatives required to achieve our goals. The overall direction will be to ensure that everyone gets the services they need, while achieving a balance between institution-based services and services provided in a community setting. We will be building on the excellence of the current system and will be introducing the changes needed to move toward a fully-integrated health system.

**We will begin a major expansion of long-term care and community mental health services based on population needs to support reforms to the health system and ensure continuity of service.**

In 1998-99, we will begin a major, eight-year expansion of long-term care services. We will also continue the expansion of community mental health services, and of priority programs and prevention initiatives.

Strategic investments in long-term care services will support health system restructuring in those areas of the province with the highest needs and those experiencing the greatest population growth. Our focus will be to enhance services to support Ontario's rapidly growing elderly population.

Savings realized from changes to provincial psychiatric hospitals will be reinvested in community hospital beds and community mental health programs. The transition will be made in a way that ensures continuity of services and additional funding will be directed to further enhance community mental health programs. Programs will be in place in the community before institutionally-based services are transferred.

## Commitments

- Provide additional 100,000 people with community-based long-term care services over eight years. Services include Meals on Wheels, day programs, visiting nurses, therapists and homemakers
- Provide places for 20,000 more people in long-term care facilities over eight years by awarding additional beds
- Help existing long-term care facilities provide higher levels of service to their residents by funding more than 5,400 nursing and program staff over eight years. This is in recognition of the fact that residents in these facilities are growing older and frailer and need increasingly more complex care

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- Provide funding to operators of nursing homes and homes for the aged to renovate their facilities. Over an eight-year period, this will benefit some 13,500 residents in more than 100 older homes
  - Enhance community-based mental health services, provide additional inpatient services, including forensic beds in Toronto, and fund additional court diversion services. These initiatives will further strengthen the mental health system to ensure that adequate community and general hospital services are in place before any restructuring is made to the provincial psychiatric hospitals.

**We will expand prevention programs designed to reduce people's health risks. These programs are designed to encourage people to change the types of behaviour which may place their health at risk (bad eating habits or smoking for example). We will also help them by identifying problems early on for effective early intervention.**

We will work with our partners (public health units, individual providers, community agencies, schools, etc.) to integrate health promotion and illness prevention strategies into the fabric of people's everyday lives. We will encourage the integration of health promotion activities in all aspects of the provision of health services. We will also support prevention strategies for at-risk groups by raising people's awareness about lifestyle issues and other factors that can help prevent the leading causes of death – cancer, heart disease and diabetes.

A vital aspect of prevention and early intervention is working with other ministries in the social services and education sectors to improve the lives of Ontario's children and youth. Integrated initiatives like the Healthy Babies, Healthy Children and the Preschool Speech and Language initiatives are part of our strategy to bring together services to better support families.

## Commitments

- Increase the number of visits provided to families through the Healthy Babies, Healthy Children Program
- Ensure that 33,000 children receive services through the Preschool Speech and Language Program while we continue to work toward a maximum waiting time of eight weeks by 2001
- Expand the Ontario Breast Screening Program to serve an additional 50,000 women and increase the number of sites to enhance local access
- Fund the provincial Heart Health Program, a five-year program designed to prevent cardiovascular disease in communities across the province, promote physical activity, healthy eating and to prevent tobacco use. Through this program, the ministry will work with more than 700 community partners
- Continue our efforts to reduce tobacco use, the leading cause of preventable death and illness
- Enhance community-based nursing care in community health centres and other agencies through the strategic use of nurse practitioners. This will provide new job opportunities for nurses.

**We will continue to work with communities to implement hospital restructuring, including psychiatric hospital devolution and expanded priority programs, to achieve a modernized and sustainable hospital system.**



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The ministry will continue to work with hospitals and their communities to implement the directions of the Health Services Restructuring Commission. We will ensure that community services are in place to provide appropriate levels of care to those who need them, when they need them, where they need them. The integration of psychiatric services into the public hospital system will ensure that the full range of health services can be provided in a planned and coordinated way.

## Commitments

- Invest in priority programs such as cancer and cardiac services, dialysis, joint replacements, organ transplants and increased access to MRI services. This will increase by about 18,000 the number of Ontarians getting better access to these services. It also brings to \$195 million the total investment in priority programs since 1995
- Establish a Nursing Services Task Force to ensure the effective use of the nursing profession in Ontario
- Provide additional funds to address emergency care demands in Ontario hospitals. This initiative includes the establishment of 1,700 long-term care beds using available space in hospitals. This will ease the burden on hospitals acute and chronic care beds
- Provide up-to-date, critical and emergency care training for nurses to ensure that hospital personnel are appropriately skilled to provide emergency services.

**We will begin the implementation of primary care reform to provide more accessible, coordinated services.**

Under this initiative, health professionals will work together to provide a full range of high quality, primary health services that include: patient education and preventive screening, examinations and treatments in the physician's office, vaccinations, primary obstetrical care, on-call/after-hours coverage, some mental health services, drug information, and palliative care. The continuity of care inherent in this approach will improve the quality of services patients receive.

## Commitments

- Establish five initial sites in Hamilton, Chatham, Paris, Wawa and in the Kingston area as the first phase of primary care reform.

**We will establish a Women's Health Council to strengthen Ontario's leadership in women's health.**

Women represent some 52 per cent of the population in the province. Women's physiology is different from that of men, a fact that has not always been accounted for in research, clinical practice, or implementation of health services or systems. There is a need to ensure that the specific health priorities of the women of the province are addressed.

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## Commitments

- Establish a Women's Health Council as an advisory body to the Minister and the health community on issues related to women's health in Ontario. The Council will provide leadership on key women's health issues, and will advise on projects which improve women's health status.

**We will enhance the accountability of the health system and strengthen measures against fraud.**

In order to sustain the health system for future generations, we must increase its efficiency, and ensure that we are receiving the best value for the money spent. Patients should receive the right services at the right cost to the system. Patients, providers, health service administrators and the ministry must all be held accountable for the services provided through our health system. Clear accountability mechanisms need to be put in place and the fraudulent use of health services needs to be identified and deterred.

## Commitments

- Continue to evaluate and fund programs supported by evidence-based, clinical best-practice guidelines. For example, the ministry commissioned prescribing guidelines for the appropriate use of anti-infective drugs to reduce the occurrence of drug-resistant infections
- Collaborate with the Ontario Medical Association to introduce a program where patients receive statements showing the cost of the physician services they receive
- Enhance our capacity to undertake investigations and prosecutions of fraudulent use of the health system through the use of skilled OPP investigators contracted with the ministry to lead our investigation program.

**We will ensure sound and effective use of information technology across the entire health sector.**

Through the Health Sector Year 2000 Project, the ministry will provide leadership to the health sector in addressing the Year 2000 computer problem. The ministry has already made great progress in making the required changes to its own internal systems. We will continue our remediation work.

The lack of information systems in the health sector has presented a barrier to the efficient and effective delivery of health services. Early in 1998-99, the SMART Systems for Health project will provide a framework for the development the SMART Systems information network. The primary objective is to improve communications in the health sector – to improve information-sharing among health providers and consumers so that in partnership, they can improve the health of all Ontarians. As we make greater and more effective use of information, we will ensure that the confidentiality of the information is protected and that it is used only for the purpose for which it was initially collected.



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## Commitments

- Take leadership in the health care sector through the Health Sector Year 2000 Project to address the issues related to Year 2000 compliance
- Provide additional funding for medical equipment renewal. This will assist the health sector in addressing Year 2000 issues
- Develop a framework for the development of the SMART Systems for Health information network
- Conduct a feasibility study concerning a health telephone hotline. This would provide important health information to seniors and others
- Introduce legislation to ensure the effective and secure use of health information in the Province.

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# KEY PERFORMANCE MEASURES

In 1997-98, the ministry developed a new, transitional core business structure. New performance measures have been developed for these core businesses.

<b>Core Business: Community Services Preserving and Protecting the Health of Citizens in Their Communities</b>			
<b>Outcome</b>	<b>Measures</b>	<b>Standards/Targets</b>	<b>1998-99 Commitments</b>
Ontarians will be among the healthiest people in Canada and the world	Percentage of people rating their health as "excellent"	Highest self-rated health in the country  In 1994, 90% of Ontarians 12 and over reported their health status as good, with 26% reporting their health status as "excellent". (Ratings of "excellent" in other provinces were: Saskatchewan - 18%, N.B. -21%, B.C. , Nfld and N.S. - 23%, Manitoba and PEI - 24%, Alberta - 26%, Quebec - 29%)	The ministry will provide updated data on the health status of Ontarians when available. The percentage of people rating their health as "excellent" or "good" in the 1996 National Population Health Survey will be included in this report



**Core Business: Community Services**  
**Preserving and Protecting the Health of Citizens in Their Communities**

Outcome	Measures	Standards/Targets	1998-99 Commitments
	Life expectancy at birth (in years)	<p>Life expectancy at birth (in years) will be the longest in Canada</p> <p>In 1996, Ontario women had the fourth longest life expectancy at birth of any province or territory in Canada (NWT - 75.8, Nfld - 80.5, Manitoba - 80.7, N.S. and P.E.I. - 80.8, N.B. - 81.2, Alberta - 81.3, Ontario - 81.4, Quebec and Sask. - 81.5, B.C. - 81.8, and Yukon - 84.4)</p> <p>In 1996, Ontario men, along with men in British Columbia, had the longest life expectancy at birth of any province or territory in Canada and could expect to live 76.1 years (NWT - 69.8, Yukon - 70.9, P.E.I. - 73.9, Nfld and N.S. - 74.9, Quebec - 75.1, N.B. - 75.2, Sask. - 75.3, Manitoba - 75.4, Alberta - 76, and Ontario and B.C. - 76.1)</p> <p>In 1996, the national average life expectancy at birth for women was 81.4 years and for men was 75.7 years</p>	<p>Expand community-based programs to prevent cardiovascular diseases</p> <p>Support initiatives to reduce diabetic complications</p> <p>Build on current support for health networks and agencies. These provide expertise to patients and providers in highly specialized program or disease-oriented priorities. These networks include the Cardiac Care Network, the Ontario HIV Treatment Network, Health Promotion Resource Centres, Cancer Care Ontario, and the Northern Diabetes Health Network</p>

**Core Business: Community Services****Preserving and Protecting the Health of Citizens in Their Communities**

Outcome	Measures	Standards/Targets	1998-99 Commitments
	Potential years of life lost from cancer	<p>Fewest potential years of life lost to cancer of any province in Canada</p> <p>In 1993, cancer was the leading cause of loss of potential years of life for men and women in Canada, representing 28% of premature mortality due to all causes of death. Breast and lung cancers account for 37.4% of the total potential years of life lost from cancer</p> <p>In 1994, Ontarians lost fewer years of life to cancer than the national average but ranked fourth among provinces. (16.6 years of life lost due to cancer per 1,000 population compared to the national average of 17.2 years of life lost per 1,000 population)</p>	<p>To reduce these cancer rates, the following steps will be taken to ensure that preventative measures are adopted by Ontarians:</p> <p>Expand breast cancer screening and increase to 20% the number of women in the target group participating in the Ontario Breast Screening Program. The long term goal is to reach 70% of women in the target group (women age 50-64), or 325,000 women, annually</p> <p>Increase the enforcement and prosecution of tobacco vendors to decrease the number of vendors selling tobacco to minors from 27% to 10% by 2000</p>



**Core Business: Community Services**  
**Preserving and Protecting the Health of Citizens in Their Communities**

Outcome	Measures	Standards/Targets	1998-99 Commitments
	Low birth weight rate	<p>Lowest rate of low birth weight babies in Canada</p> <p>In 1995, 6.1% of live births in Ontario were low birth weight, placing Ontario above the national average of 5.8%. (In Canada, the NWT has the highest number of low birth weight babies (6.8%). France, with 5.6% of live births of low birth weight is a model internationally)</p>	<p>The ministry will commit to reducing the percentage of low birth weight babies through health promotion efforts against smoking and alcohol. The effectiveness of these programs will be evaluated</p> <p>The ministry will support groups working to promote newborn health by sharing the experiences of the Best Start Demonstration Program across the province and ensuring that communities are trained in strategies to promote newborn health</p> <p>A new prenatal component for the Healthy Babies, Healthy Children Program will be fully developed and finalized for implementation in 1999-2000</p>

**Core Business: Community Services****Preserving and Protecting the Health of Citizens in Their Communities**

<b>Outcome</b>	<b>Measures</b>	<b>Standards/Targets</b>	<b>1998-99 Commitments</b>
Improved outcomes for children at risk, in conjunction with Ministry of Community and Social Services and Children's Secretariat	Number of high risk families receiving home visiting services and/or linked with other appropriate services	Home visiting services and/or linkage with other appropriate services will be available for 100% of high-risk families	Establishment of baseline data for per cent of births screened and assessed  Provision of home visiting services to 9,000 families with children (prenatal to age two). This is estimated to be 100% of the high-risk population
Ontarians will choose from an increasing range of health services which enable them to remain in their homes and communities	Percentage of Ontarians over 75 living in the community	Increase in the percentage of people over 75 living in the community by 2001  In 1996, 86% of Ontarians over 75 were able to live in the community, placing Ontario above the national average of 85% for this age group. (Alberta - 83%, Nova Scotia - 88%, Quebec - 79%, New Brunswick, Manitoba and Saskatchewan - 87%)	Expand community long-term care services in 1998-99 to serve an additional 21,350 people



**Core Business: Professional Services**  
**Providing Access to Primary and Specialist Care**

Outcome	Measures	Standards/Targets	1998-99 Commitments
Regional access to appropriate professional services in communities across the province	Availability of physicians, including specialists, and other providers accepting new patients in areas in need	Increase the number of physicians, including specialists, practising in areas with fewer physicians per population than the provincial average	Ontario will monitor the ability of physicians, including specialists, to accept new patients based on a survey of physicians conducted in 1998
		All Ontarians with acquired brain injury who are currently treated abroad will be returned to Ontario for their treatment by 1999	<p>In keeping with a plan announced in 1995 to repatriate Ontarians with acquired brain injury currently treated abroad, increase the long-term care community living capacity for those with acquired brain injury to bring home all 30 Ontarians receiving services out of country</p> <p>Establish five new neurobehavioural rehabilitation hospital beds in the southwest region of Ontario, where there currently are none</p>

**Core Business: Institutional Services  
Providing Acute and Long-Term Institutional Care**

Outcome	Measures	Standards/Targets	1998-99 Commitments
Ontarians receive appropriate institutional care	Re-admission rates for the same diagnosis within one week of discharge	Benchmarks based on best practices in other jurisdictions will be used to set targets for re-admission rates	To establish benchmarks for re-admission rates for several common diagnoses in Ontario public hospitals
	Percentage of days spent by patients in an acute care hospital when another type of facility would be more appropriate	Will be developed through a review of historical data	Decrease the percentage of days spent by patients in an acute care hospital when another type of facility would be more appropriate or when the use of appropriate medication allows for early discharge
	Average level of care (number of services required by residents) being provided for residents in long-term care facilities	<p>Increase the average level of care received by those in long-term care facilities between 1998 and the year 2001 by 4.5%</p> <p>The provincial average level of care needed by patients in long-term care facilities has been measured and has been rising since 1992. Ontario has a higher level of care than Alberta, the only other province using this classification system</p>	Each year, Ontario will increase funding to match the actual level of care being provided in long-term care facilities. This will ensure that those who can most benefit will receive the required level of care in these facilities



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**Core Business: Policy And Planning****Developing Direction for Health Care and Monitoring Quality and Performance**

Outcome	Measures	Standards/Targets	1998-99 Commitments
High level of public satisfaction with health services received	Ontarians' ratings of quality of and access to health services received	Targets will be set after a public survey is conducted and data from other provinces are considered	Conduct a survey and establish baseline data by 1999-2000

## 1997-98 MINISTRY SPENDING BY CORE BUSINESS – INTERIM ACTUALS\*

<b>Ministry of Health</b> Operating                      \$18,340 million Capital                         \$113 million 10,135 staff	
<b>Community Services</b> Operating                      \$3,516 million Capital                         \$8 million 2,440 staff Long-Term Care Community Services Community Mental Health Community Health Centres Drug Programs Assistive Devices Home Oxygen Disease Prevention and Health Promotion Community Laboratory Services Emergency Health Service	<b>Professional Services</b> Operating                      \$5,659 million 130 staff Physicians HSOs/IHF's Midwives Other practitioners Underserviced Area Program Northern Health Travel Grants Clinical Education
<b>Institutional Services</b> Operating                      \$9,018 million Capital                         \$105 million 6,720 staff Hospitals/Psychiatric Hospitals Long-Term Care Facilities	<b>Policy and Planning</b> Operating                      \$73 million 170 staff Integrated Policy and Planning District Health Councils Regulatory Agencies Research
<b>Internal Administration</b> Operating                      \$74 million 675 staff Corporate Services Information Technology Other corporate functions	

Note: Staff numbers shown as full-time equivalents as of March 31, 1998

\*PSAAB based



# 1998-99 MINISTRY APPROVED ALLOCATIONS BY CORE BUSINESS – PLAN\*

## Ministry of Health

Operating	\$18,682 million
Capital	\$471 million
	9,235 staff

## Community Services

Operating	\$3,621 million
Capital	\$27 million
	2,440 staff

Long-Term Care Community Services  
 Community Mental Health  
 Community Health Centres  
 Drug Programs  
 Assistive Devices  
 Home Oxygen  
 Disease Prevention and Health Promotion  
 Community Laboratory Services  
 Emergency Health Service

## Professional Services

Operating	\$5,568 million
	140 staff

Physicians  
 HSOs/IHF's  
 Midwives  
 Other practitioners  
 Underserviced Area Program  
 Northern Health Travel Grants  
 Clinical Education

## Institutional Services

Operating	\$9,350 million
Capital	\$444 million
	5,790 staff

Hospitals/Psychiatric Hospitals  
 Long-Term Care Facilities

## Policy and Planning

Operating	\$67 million
	170 staff

Integrated Policy and Planning  
 District Health Councils  
 Regulatory Agencies  
 Research

## Internal Administration

Operating	\$76 million
	695 staff

Corporate Services  
 Information Technology  
 Other corporate functions

Note: Staff numbers shown as full-time equivalents - projected as at March 31, 1999

\*PSAAB based

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## WHO TO CALL

Questions or comments about the ministry's business plan are welcomed and should be addressed to:

Ministry of Health  
Health Information Centre  
8<sup>th</sup> Floor, Hepburn Block  
Queen's Park  
Toronto ON M7A 1S2

INFOnline: 1-800-268-1153  
In Toronto (416) 314-5518  
TTY: 1-800-387-5559  
Web site: <http://www.gov.on.ca/health>

You can also contact:

Minister's Office  
Perry Martin (416) 327-4300

Communications and Information Branch  
Robert Lachance (416) 327-4343





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ISBN 0-7778-7512-8

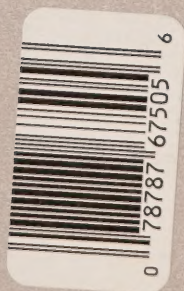
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